

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039237

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 59  
FILED OCT 29 1963

Primary Registration District No. 5226 Registrar's No. 192

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>CASS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CASS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Pleasant Twnsp.</b>		c. CITY OR TOWN <b>165th and Holmes</b>	
Length of stay in lb <b>6 years</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>165th &amp; Holmes</b>		d. STREET ADDRESS (If outside, give location) <b>RR#1, Belton, Mo.</b>	
3. NAME OF DECEASED (Type or print) First <b>JIMMY</b> Middle <b>David</b> Last <b>ARMSTRONG</b>		4. DATE OF DEATH Month <b>Oct.</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11-2-1956</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	11. BIRTHPLACE (City and state or country) <b>Kansas City, Kans.</b>
13a. FATHER'S NAME <b>BURLEY ARMSTRONG</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara Greer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>No</b> )		17. INFORMANT Address <b>Burley ARMSTRONG, Belton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Strangulation</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <b>was play with belt and had it around his neck</b> DUE TO (b) <b>fall off of bed and belt caught on bed foot</b> DUE TO (c) <b>fall off of bed and belt caught on bed foot</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <b>Fell off of bed and belt caught on bed foot</b>		PART III. If deceased was female was there pregnancy in last 90 days. <b>Unknown</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or (PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:45</b> p.m. Month, Day, Year <b>10-20-63</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home Belton Mo.</b>	
20e. CITY, TOWN, OR LOCATION <b>Belton</b>		COUNTY <b>Cass</b>	STATE <b>MO</b>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <b>Oben Cummings</b>		22b. ADDRESS <b>Harrisonville, Mo.</b>	
22c. DATE SIGNED <b>10-22-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-23-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Holston Cemetery</b>	23d. LOCATION (City, town, or county) <b>Holston Mo</b>
24. FUNERAL DIRECTOR <b>E. K. George &amp; Son</b>		25. DATE RECD. BY LOCAL REG. <b>10-24-63</b>	
26. REGISTRAR'S SIGNATURE <b>Ray J. Suber</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 30 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jimmy S. Hucherson*

Licensed Embalmer No. 4092

P. O. Address Belton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.